

ACTON BOARD OF HEALTH
ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: ACTON WWTF
Type of Business: WWTF
Address: 20 Adams St
Telephone: 897-8211
Contact Person: BRIAN BOURQUE

Housekeeping:

Is area clean:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spills present:	<input checked="" type="radio"/> yes	<input checked="" type="radio"/> no
Is there appropriate storage of materials:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes kept separate:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spill cleanup materials available:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Materials have secondary containment:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes labeled:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Safety:

Are MSDSs available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Is employee personal protective equipment available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are employees trained in hazardous materials handling:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are emergency procedures posted:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Site Management:

Are wastes removed by a licensed hauler:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are floor drains present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Are sinks present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is testing of septic system necessary:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Does site plan on file reflect current arrangement:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Any UST (underground storage tank) present:	<input checked="" type="radio"/> yes	<input type="radio"/> no
If UST present, is it alarmed:	<input checked="" type="radio"/> yes	<input type="radio"/> no

Action Items

Update Emergency Contact Information ✓ - BUR 6/2/06
Consider closable container for Soda Ash
Determine final disposition of waste oil

Reinspection required? Yes ☒ No ☐ Date: _____

Brian P. Bourque
Representative Signature

[Signature]
Inspector Signature

DH
6/02/06



ACTON BOARD OF HEALTH APPLICATION for HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment: Acton Wastewater Treatment Facility.....
Site Address: 20 Adams Street, Acton, MA 01720.....
Mailing Address: same.....
Business Telephone: (978) 897-8211.....
Corporate Officers: Steve Nird Jack Bonomo - Sr. Vice President.....
Jim Gagliard - Plant Manager.....
Emergency Contact Person:.....
Emergency Telephone (Day): (508) 736-8497 **Emergency Telephone (Night):** (508) 384-0752.....
Type of Business: 781-858-0219 Environmental Services.....

***Aquifer Location:**

- ☐ well protection [1]
- ☐ recharge protection [2]
- ☐ aquifer protection [3]
- ☐ watershed protection [4]

***Watershed District:**

- ☒ Fort Pond "3"
- ☐ Nashoba Brook

**Maps available at Acton Health Department.*

Type(s) of Permits Needed:

- ☐ remedial action following a discharge: [# 5 (discharge), # 6 (remediation)]
- ☐ small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
[generator: # 3 (mat.); # 1 (waste) (lrg.), # 2 (waste) (sm.)]
[user: # 4 (mat.), # 7 (waste)]
- ☐ storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]
- ☐ storage, use, generation of *extremely* hazardous material
- ☐ storage of hazardous material or waste *overnight in trucks*
- ☐ storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (lrg.), # 11 (sm.)]
- ☐ UST storage of flammable or combustible materials
 - ☐ change in material stored
 - ☐ removal of underground tank

Other Requirements:

- ☒ MSDSs for all chemicals listed on application
- ☒ emergency or contingency plan for an accidental spill
- ☒ site plan of premises showing areas where chemicals are stored (including tanks and piping)
- _____ copies of all disposal manifests (or other documents) showing proper disposal measures
- _____ evidence of date(s) of purchase for all storage systems
- _____ all relevant documentation (permits and citations):
 - _____ Generator Status (LQG, SQG, VSQG)
 - _____ Used Oil Burner Permit (Class A Recycling Permit)
 - _____ Non-hazardous Industrial Wastewater Holding Tank Permit (BWP IW 29)
 - _____ Other

----- Do Not Complete below This Line -----

☐ representatives at Board of Health application review hearing (date:)

Recommended Conditions:
Signature/Date:

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

FACILITY NAME: Acton Wastewater Treatment Facility

ADDRESS: 20 Adams Street

TELEPHONE: (978) 897-8211

FACILITY EMERGENCY COORDINATORS

Prime Contact Name: Jim Gagliard

Title: Plant Manager

Business Phone: (978)897-8211

Home Address: 298 Taunton Street

City: Wrentham, MA 02093

Residence Phone: (508)384-0752

cell: ~~(508)736-8497~~ 781-858-0219

Alternate Contact Name: Bill Porter

Title: Project Manager

Business Phone: (617)451-2695

Home Address: 17 East Ridge Way

City: Norwell, MA 02061

Residence Phone: (781)659-4106

cell: (781)858-3803

Alternate Contact Name: Pete Nyberg

Title: Operations Specialist

Business Phone: (978)897-8211

Home Address: 52 Smith Street

City: Bristol, RI 02809

Residence Phone: (401)253-4945

cell: (401)265-4569

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

I. Fire Suppression (Equipment and Personnel)

A. Hydrants (Hose Size and Locations*):

Fixed Sprinkler System

B. Vehicles (Type, Capability and Capacity):

N/A

C. Equipment (Type, Capability and Locations*):

Fire extinguishers, ABC - various locations

D. Trained Personnel (Number and Level of Training):

1. Jim Gagliard - First Responder Awareness Level

*You may use a map to provide locations.

II. Law Enforcement (Security Equipment and Personnel)

A. Equipment (Number and Type):

Building Alarm System

B. Trained Personnel (Number and Level of Training):

N/A

Comprehensive Emergency Management Plan Town of Acton ANNEX R

HAZARDOUS MATERIALS FACILITY PROFILE

FACILITY INVENTORY

III. Construction (Equipment and Personnel)

A. Equipment (Number and Type):

N/A

B. Operators (Number and Type):

N/A

IV. Transportation (Vehicles)

A. Buses (Number and Capacity):

N/A

B. Special Vehicles (Number and Capacity):

N/A

V. Medical (Facilities, Equipment and Personnel)

A. Infirmary/First Aid Room (Capacity and Equipment):

N/A

B. Trained Personnel (Number and Level of Training):

N/A

LIST OF HAZARDOUS MATERIALS

[illegible]

		*Metal Salt will be either Ferric Chloride or Aluminum Sulfate, Annual throughput to be determined
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INFORMATION TO BE INCLUDED

WITH THE HAZARDOUS MATERIALS PERMIT APPLICATION:

- X Copies of the Material Safety Data Sheets (MSDSs) for all chemicals listed on the Annual Throughput Sheet
- An Emergency or Contingency Plan in case of any accidental spill
- X A site plan of the premises, including the area where all chemicals are stored
- X The presence of a representative from your company at the Board of Health meeting during the application review is required
- N/A Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifests are not required by state or federal law, some other proof of proper disposal shall be submitted.